

Designation due 10-28-16  
Transmission 11-11-16

UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

In re:

Evelyn Rivera

Debtor

John J. Lynch

Plaintiff

v.

Evelyn Rivera

Defendant

Chapter 7

OCT 14 2016

Bankruptcy No. 16-16269AMC

Adversary No. 16-00301AMC

NOTICE OF APPEAL AND STATEMENT OF ELECTION

**Part 1: Identify the appellant(s)**

1. Name(s) of appellant(s): John J. Lynch
2. Position of appellant(s) in the adversary proceeding or bankruptcy case that is the subject of this appeal:

For appeals in an adversary proceeding.

☒ Plaintiff

☐ Defendant

☐ Other (describe) \_\_\_\_\_

For appeals in a bankruptcy case and not in an adversary proceeding.

☐ Debtor

☐ Creditor

☐ Trustee

☐ Other (describe) \_\_\_\_\_

**Part 2: Identify the subject of this appeal**

1. Describe the judgment, order, or decree appealed from: denial of Informal Payments
2. State the date on which the judgment, order, or decree was entered: 9-26-16

**Part 3: Identify the other parties to the appeal**

List the names of all parties to the judgment, order, or decree appealed from and the names, addresses, and telephone numbers of their attorneys (attach additional pages if necessary):

1. Party: Defendant Attorney: Jennifer Schultz Esq.  
Rivera Community Legal Aid

2. Party: Bank of America Attorney: 1410 W. Erie Ave  
Bayview Loan Serv Phila, PA 19140  
KML Legal Reps  
701 Market St Ste 4100  
Phila PA 19106

**Part 4: Optional election to have appeal heard by District Court (applicable only in certain districts)**

If a Bankruptcy Appellate Panel is available in this judicial district, the Bankruptcy Appellate Panel will hear this appeal unless, pursuant to 28 U.S.C. § 158(c)(1), a party elects to have the appeal heard by the United States District Court. If an appellant filing this notice wishes to have the appeal heard by the United States District Court, check below. Do not check the box if the appellant wishes the Bankruptcy Appellate Panel to hear the appeal.

☒ Appellant(s) elect to have the appeal heard by the United States District Court rather than by the Bankruptcy Appellate Panel.

**Part 5: Sign below**

John J. Lynch

Signature of attorney for appellant(s) (or appellant(s) if not represented by an attorney)

Date: 10-4-16

Name, address, and telephone number of attorney (or appellant(s) if not represented by an attorney):

John J. Lynch  
3281 Red Lion Rd Apt #1  
Phila. PA, 19114

Fee waiver notice: If appellant is a child support creditor or its representative and appellant has filed the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.

cc: Judge Chun

District Court

Jennifer Schultz, atty for defendant

Kevin McDonald - atty for defendant

Thomas Puleo - atty for defendant

U.S. Trustee

Mary Setz, Trustee

John J. Lynch,

UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

In re:	:	
	:	<b>Chapter 7</b>
Evelyn Rivera	:	
Debtor	:	<b>Bankruptcy No. 16-16269AMC</b>
_____	:	
John J. Lynch	:	
Plaintiff	:	
v.	:	
Evelyn Rivera	:	
Defendant	:	<b>Adversary No. 16-00301AMC</b>
_____	:	

**ORDER**

AND NOW, upon consideration of the Petition to Proceed in Forma Pauperis,

It is hereby **ORDERED** that the Petition is **DENIED**.

Plaintiff shall have thirty (30) days from the date of this order to pay the required filing fee.

  
\_\_\_\_\_  
Ashely M. Chan  
United States Bankruptcy Judge

Date: September 26, 2016

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF  
PENNSYLVANIA**

**IN RE : EVELYN RIVERA**

**CHAPTER 7 NO.#16-16269 AMC**

**JOHN J. LYNCH**

**:**

**ADVERSARY NO.#16-00301 AMC**

**V.**

**:**

**EVELYN RIVERA**

**:**

**APPELLANTS PETITION TO PROCEED IN FORMA PAUPERIS**

To the Honorable Chief judge and or any of the several judges comprising the  
Court;

The appellant plaintiff in adversary does here by request leave to proceed IN  
FORMA PAUPERIS and represents the following in support of this request:

1. I am the plaintiff adversary appellant in the above captioned matter and that because of bmy financial condition am unable to pay the fees and cost of prosecuting the appeal.
2. I am unable to obtain funds from anyone including my family and associates / friends to pay the cost of the appeal.
3. That this case involves the permanent injury to the appellants left eye by the appellees deliberate willful and malicious disobedience in opening plaintiffs door at a time when there was violence and danger on the other side when told not to by the plaintiff in result the injury.
4. I represent that the information below relating to my ability to pay the fees and cost is true and correct:

A) My name is John J. Lynch and I reside in an apartment at 3281 Red Lion Rd Phila Pa.,19114 this is a HUDVASH program apartment.subsidized housing for vets.

B) I am not employed I live on a fixed limited income a federal pension only 1072.00 a month and only 26.00 in food stamps.

C) Other income :

Buisness or profession : none

Other self employment : NONE

Interest : none

Dividends :none

Pensions and annuities : Veterans non serv con disability pension 1072.00

Social Security benefits : none

Disability payments : none

Unemployment compensation and supplemental benefits :none

Workerscompensation :none

Public assistance : only the food stamps

Other : Some help from churches with some food

D)Other contributions to household :NONE

E)Property owned

CASH : 70.00

Checking : 100.00 after everything is paid

Savings account: none

Certificate of deposit : none

Real estate NONE

Motor vehicle :1999 chevy Malibu sdn. cost 500.00

F) Debts and obligations : rent 195.00

Electric : 75.00

Gas : 53.00

Phone :40.00

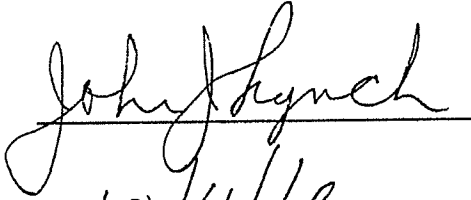
Netzero: 45.00

G) Persons dependant upon you for support if I had any support to give it would be mom 80 yrs old and my grand children 4 of them.Elizabeth Lynch mom and Owen Adam Kyle and Evan Lynch Grand kids.

4.I understand that I have a continuing obligation to inform the court of improvements in my financial circumstances which would permit me to pay the cost incurred herein.

5. I John J. Lynch hereby swear affirm and or otherwise verify that the statements made in this Petition are true and correct as they relate to my financial condition and my ability to and request for the in forma pauperis relief petitioned for herein that these statements are made pursuant to the provisions and penalties for giving such information fraudulently to the court in the United States Code .

RESPECTFULLY SUBMITTED

  
10/4/16



**Department of  
Veterans Affairs**

PO BOX 8079  
PHILADELPHIA PA 19101

March 25, 2016

Veteran's Name:  
Lynch, John, J

JOHN J LYNCH  
3281 RED LION RD APT  
1  
PHILADELPHIA PA 19114

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

**--America is Grateful to You for Your Service--**

Our records contain the following information:

**Personal Claim Information:**

Your VA claim number is: ~~178-165316~~  
You are the Veteran

**Military Information:**

Your character(s) of discharge and service date(s) include:

Army, Honorable, 06-May-1974 - 12-Feb-1975

(You may have additional periods of service not listed above)

**VA Benefits Information:**

Service-connected disability: No

Are you receiving non-service-connected pension: Yes

The effective date of the last change to your current award was: 01-DEC-2014

Your current monthly award amount is: \$1,072.00

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at <http://www.va.gov/statedva.htm>.

**Need Additional Information or Verification?**

If you have any questions about this letter or need additional verification of VA benefits, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the federal relay number is 711. Send electronic inquiries through the Internet at <https://iris.va.gov>.

Sincerely yours,

Regional Office Director